

**Mail Application To:** State of Wisconsin  
Department of Natural Resources  
P.O. Box 7924  
Madison, WI 53707

## WILD GINSENG DEALER'S LICENSE APPLICATION

(Effective Date: July 1 through June 30)  
Form 9400-329 Rev. 12-98

Note: Use of this form is required by the Department for any application filed pursuant to s. 29.611, Wis. Stats. The Department will not consider your application unless you complete and submit this application form. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31 - 19.39, Wis. Stats.

\*A social security number or federal employer identification number is **REQUIRED** when applying for a license according to chapter 29, Wis. Stats., but it may not be disclosed to anyone except the Department of Workforce Development or the Department of Revenue.

LEAVE BLANK-DNR USE ONLY
License Number
Date Issued
Issued By

Pursuant to the provisions of s. 29.611, Wis. Stats., I hereby apply for a Wild Ginseng Dealer's License to buy, sell, or process wild ginseng in the State of Wisconsin in the manner provided by the Wisconsin Statutes and Wisconsin Administrative Code.

(Please type or print)

Applicant's Name							
Company Name (if applicable)				*Social Security Number/Federal Employer Identification Number			
Street or Route				Telephone Number (Include Area Code)			
City, State, Zip Code				County of Residence			
Date of Birth Mo.          Day          Yr.	Color Eyes	Color Hair	Weight	Height	<input type="checkbox"/> Male <input type="checkbox"/> Female		

### RESIDENT - COMPLETE THIS PORTION:

I hereby apply for the following ginseng dealer license (please check (✓) appropriate box):

- ☐ **Class A** - License Fee: \$100.00  
(not more than 100 pounds dry weight)
- ☐ **Class B** - License Fee: \$500.00  
(not more than 1,000 pounds dry weight)
- ☐ **Class C** - License Fee: \$1,000.00  
(any amount of wild ginseng)

I hereby certify that I have maintained my permanent residence in Wisconsin for the previous thirty days and that my license privileges are not otherwise revoked or suspended. I have complied with all of the laws regulating the issuance and purchase of this license.

Signature of Applicant (Wisconsin Resident)

Date Signed

### NONRESIDENT - COMPLETE THIS PORTION:

I hereby apply for a nonresident ginseng dealer license to buy, sell or process any amount of Wisconsin wild ginseng.

License Fee: \$1,000.00

I hereby certify that I am the person making this application; that the statements made are true and that my license privileges are not otherwise revoked or suspended.

Signature of Applicant (Nonresident)

Date Signed

### RESIDENTS AND NONRESIDENTS - COMPLETE THIS PORTION

Please send me the following:

\_\_\_\_\_ Number of Books of Purchase Receipts (Form 9400-330) (25 /book)

\_\_\_\_\_ Number of Books of Sales Records (Form 9400-331) (25/book)

\_\_\_\_\_ Number of Sets of Certificates of Origin (Form 9400-435)

LEAVE BLANK-DNR USE ONLY
#'s
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